

# State of Florida



Department of State

## Certificate of Franchise Authority

I certify that Oak Run Associates LTD d/b/a Decca Cable, identification number CV15-0032 issued on 1/20/2015, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 7/23/2018:

Contact information is as described in the attached true and correct copy of the document.

I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

This grant of authority is subject to lawful operation of the cable or video service by the applicant or its successor in interest.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capitol, this the twenty-third day of July 2018.



CR2EO22 (1-11)

*Ken Detzner*  
Ken Detzner  
Secretary of State

FILED

APPLICATION TO AMEND A STATE-ISSUED CERTIFICATE OF FRANCHISE  
AUTHORITY FOR CABLE AND/OR VIDEO SERVICE

JUL 23 AM 6:40

1) Name of Certificate holder Oak Run Associates, Ltd d/b/a. Decree State

2) Address of Certificate holder: 10983 SW 89th Ave. Ocala, FL 34481

3) Statement of Amendment(s):

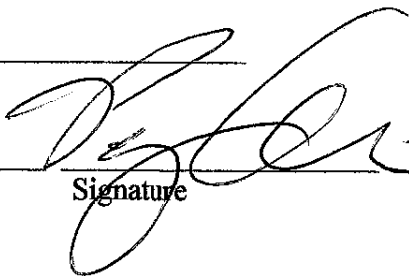
a) Change in Service Area. Notification of Commencement is required within five business days after first providing service in each additional areas. Please provide a description of the new service area consistent with s.610.104(2)(e)5 Florida Statutes, and effective date of Commencement of Operations. (Please include all service areas.) List existing areas first and new areas last. Use attached pages if necessary

b) Notice of Transfer of Interest. Notification is required within fourteen business days following completion of transfer. Please provide the name and address of any successor in interest.

c) Other: (change of address or contact person) This is to notify and request the change of contact person on CV15-0032 from Michael Stalnacker to Priya Ghumman. All other information remains the same. Please also remove Michael Stalnacker as an officer.

d) Notice to Terminate Service.  
Effective Date: \_\_\_\_\_

Priya Ghumman, President  
Printed Name and Title



Signature

7-13-18  
Date



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**RICK SCOTT**  
*Governor*

**KEN DETZNER**  
*Secretary of State*

July 23, 2018

Ms. Priya Ghumman, President  
OakRun Associates, Ltd. d/b/a Decca Cable  
10983 SW 89<sup>th</sup> Avenue  
Ocala, Fl. 34481

Re: OakRun Associates Ltd. d/b/a Decca Cable  
CV15-0032

Dear Ms. Ghumman:

We received your request to amend your State-Issued Certificate of Franchise Authority for cable and/or video service. Your amendment has been accepted. An amended certificate is attached.

The Federal Communication Commission's Cable Act Reform 47 C.F.R. 76.952 states that "all cable operators must provide to the subscribers the name, mailing address and phone number of the franchising authority, unless the franchising authority in writing request that cable operator to omit such information."

Since we are not authorized to regulate cable activities, the Department of State, Cable and/or Video Franchise Section, requests certificate holders to omit the department's name and contact information from the monthly billing inserts to subscribers. The Department of State does not have any authority to resolve customer service complaints. The Department of Agriculture and Consumer Services is responsible for responding to customers' complaints.

If you should have any questions, please call us at (850) 245-6010.

Rebekah White  
Video and/or Cable Franchise Section

Encl.



0015-032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

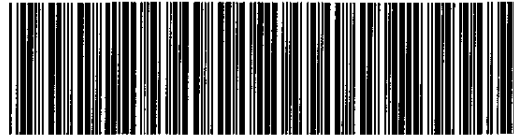
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/23/18--01013--009 \*\*35.00

FILED  
18 JUL 23 AM 6:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA